

**CHILD SUPPORT
ENFORCEMENT
QUARTERLY
REPORT FROM
THE PROSECUTING
ATTORNEY**

STATE: COUNTY:		REPORT FOR: GENERATED ON:	
ITEMS	AFDC & FOSTER CARE	NON-AFDC	AFDC & FOSTER CARE ARREARS ONLY
<u>SECTION A: CASE INVENTORY</u>			
1. Cases Continued from Prior Quarter.			
2. Cases Opened During the Quarter.			
3. Cases Closed During the Quarter.			
4. Case Open at the End of the Quarter with Orders Established.			
5. Cases Open at the End of the Quarter without Orders Established.			
<u>SECTION B: SERVICES REQUIRED</u>			
6. Cases Requiring Location Services to Establish an Obligation.			
7. Cases Requiring Location Services to Enforce or Modify an Obligation.			
8. Children Requiring Paternity Determination Services.			
9. Cases Requiring Services to Establish an Obligation.			
10. Cases Requiring Services to Enforce or Modify an Obligation.			

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<u>SERVICE C: SERVICES PROVIDED</u>			
11. Title IV-A Cases Closed Where a Child Support Payment was Received.			
12. Cases Provided Location Services to Establish an Obligation.			
13. Cases Provided Location Services to Enforce or Modify an Obligation.			
14. Children for Whom Paternity was Established.			
15. Cases with Support Orders Established.			
a. Cases that Include Health Insurance and/or Medical Support in the Order.			
16. Cases with Support Orders Enforced or Modified.			
a. Cases that Include Health Insurance and/or Medical Support in the Order.			
17. Cases with Collections in Second Month of Quarter.			

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<u>SECTION D: INTERSTATE ACTIVITY</u>			
18. Cases Initiated in This State During the Quarter.			
19. Cases Initiated in Another State During the Quarter.			
20. Cases with Collections in Second Month of Quarter Sent to Another State.			
21. Cases with Collections in Second Month of Quarter Received form Another State.			
<p>Typed or Printed Name:</p> <p>Title:</p> <p>Signature: _____</p> <p>Agency Name:_____ County Prosecuting Attorney's Office</p>			